

SUPPLEMENT TO THE EMERGENCY AWARD APPLICATION FOR ADULT VICTIMS OF DOMESTIC VIOLENCE

PURSUANT TO GOVERNMENT CODE SECTION 13965 (a)(4) EFFECTIVE **JANUARY 1, 2000**, THROUGH DECEMBER 31, 2003, THERE ARE IMPORTANT CHANGES TO THE VICTIMS OF CRIME PROGRAM REGARDING ADULT VICTIMS OF DOMESTIC VIOLENCE. THIS SUPPLEMENT ADDS TO THE INFORMATION CONTAINED IN THE "INFORMATION ABOUT THE PROGRAM" SECTION OF THE APPLICATION.

If you are an adult victim of domestic violence that occurred on or after January 1, 2000, and have incurred or will incur urgent relocation expenses, you may be eligible for an emergency payment or reimbursement. Emergency assistance may be denied if it appears you may not qualify for a regular award.

Generally, a domestic violence relocation expense can only be awarded once to each victim. There may be exceptions if both of the following conditions are met: 1) The second crime occurs more than three years from the date of the crime that you received a domestic violence relocation expense reimbursement, and 2) the crimes do not involve the same perpetrator.

IMPORTANT INFORMATION

When a relocation payment or reimbursement is provided to a victim of domestic violence, the victim shall agree 1) to **not** inform the offender of the location of their new residence and **not** allow the offender on the premises at any time, or 2) to seek a restraining order against the offender. _____(Claimant's initial)

To claim your relocation expenses you must be an adult victim of domestic violence. You must include written documentation from either law enforcement stating that the relocation is necessary for your personal safety, or from a mental health treatment provider stating that the relocation is necessary for your emotional well being. Documentation should be written on the provider's business letterhead and include: license number, business address and phone number. If the recommendation is from a therapist who is an intern, information from the supervising therapist must also be included.

Check a box below for the type of documentation included.

☐

Law Enforcement

☐

Licensed Mental Health Provider

(Must be a mental health provider that could be reimbursed under GC section 13960 (d)(2), (e.g., Psychologist, Psychiatrist, MFT, LCSW, Intern or Psychology Intern, Psychological Assistant or Associate Clinical Social Worker.)

Payment for relocation expenses cannot exceed two thousand dollars (\$2,000). These expenses may include, but need not be limited to, all of the following:

- Deposits for rental housing, not to exceed \$2,000 or the first and last month's rent, whichever is less;
- Deposits for utilities and telephone service;
- Temporary lodging and food expenses, not to exceed \$1,000; and/or
- Clothing and other personal items, not to exceed \$500.

Request for Cash Payment or Reimbursement

This section is provided as a guideline for estimating costs associated with relocating to a safe environment. Please complete the amount column for each of the listed categories you are claiming. **You must attach or return copies of your expense receipts within 60 days.**

Estimated Expense or Cash Payments	Amount
Rental Housing: (Not to exceed \$2,000 or the first and last month's rent, whichever is less <u>and</u> you must attach a copy of the receipt or rental agreement including the landlord's address, telephone number, Federal Tax ID or Social Security Number.)	
Utilities Deposits: (e.g., electric/gas, but not to include cable). (A copy of deposit and connection receipt must be returned to VOCP within 60 days.)	
Telephone Deposit and Connection Fee: (A copy of deposit and connection receipt must be returned to VOCP within 60 days.)	
Temporary Lodging and Food Expense: (Not to exceed a total of \$1,000.) (Lodging receipts required within 60 days. Food expenses exceeding \$200 also require receipts within 60 days.)	
Clothing and Other personal items: (Not to exceed a total of \$500.) (Clothing receipts required within 60 days or a statement describing purchases is required.)	
Other necessary expenses, please explain and attach or return receipts within 60 days (attach additional paper, if needed).	
Total relocation expenses (not to exceed \$2000)	\$

If you request that payment be made directly to a landlord or utility company, please complete the following:

Name of Business: _____
 Address: _____
 Telephone Number: _____
 Federal Tax ID or Social Security Number: _____

By signing this supplement to the Emergency Award Application, I hereby certify that I shall agree: 1) to not inform the offender of my new residence, and not allow the offender on the premises at any time; or 2) to seek a restraining order against the offender. I also certify that I will use the money I receive from the Victims of Crime Program only for the above relocation expenses.

Claimant Name (Print)	Signature	Date
Your Social Security Number: - - -		
Representative Name (Print)	Signature	Date

**THIS SUPPLEMENT MUST BE ATTACHED TO THE COMPLETED
EMERGENCY AWARD APPLICATION FOR CRIME VICTIM COMPENSATION.**